# Shri Bharatvarshiya Digamber Jain (Shrut Samverdhini) Mahasabha Sponsored by

## Aacharya Shantisagar Scholarship Fund

Add: 5, Khandalwal Digamber Jain Mandir Complex, Raja Bazar, Cannaught Place, New Delhi-110001 Telephone: 011 – 2334 4668, 2334 4669 Cell: 09312962937

Email: shrutsamverdhini@yahoo.comWebsite: www.digjainmahasabha.org

#### FOR OFFICIAL USE ONLY:

		TOR OFFICIAL USE ONLT.																				
		Serial No. of Application								Whether Approved												
		Amount Sanctioned								Sign. of Authority												
									k ak Ukke%(in block letters) Mr./ M								Af	Affix Attested photograph				
1.	NA	ME (	OF A	PPL	ICA	NT	\k=@	'INK=	k dk	Ukke'	%(in	block	lette	ers) N	1r./ I	Ms./	Mrs	•				
						+												+			+	
2	FA	ГНЕН	R'S N	JAM	TE fi	rk d	k uke	(in	hloc	k let	ters)	<u> </u>							ı		<u> </u>	
<b></b>				12 \$17		Т	T T	(111	T T	K ICI		·- T	I I	1							1	
3.		TE O	F BI	RTH Mon		efrfFk	%- Ye	ar														
4	GE!	NDE	」	//ale		<u>                                    </u>	Fe	 emal	e													
						J				Ш												
5. Gotra:																						
									P	i	n	С	0	d	e	-						
	E	m	a	i	l	:																
7.	PEI	RMA	NEN	T Al	DDR	ESS	oræku	ı iı	rk (ir	ı blo	ck le	tters	):-									
			<u> </u>	_	_																	
			-		_								-		-							
									P	i	n	С	0	d	e	-						
	E	m	a	i	l	:																

### 8. Details of educational qualifications from matriculation/ SSLC/SSC onwards " $\mbox{K}\mbox{i.kd}$ ; $\mbox{K}\mbox{i.kd}$ ; $\mbox{K}\mbox{i.kd}$ ; $\mbox{K}\mbox{i.kd}$ ;

Year

**Passing** 

of | Percentage

marks

Division/Class/

Grade

**Main Subjects** 

University/

Institution

the employer may also be enclosed)

Board/

**Examinatio** n

**Passed** 

	etails of College/Instituti					
i)	Name of the College/In					
ii)	Address of College/Inst					
			Pin code	2		
iii)	Telephone No.:		Fax No	o.:		
iv)	E-Mail Address:					
)	Details of course for which Name of the Technical ikB; de dk uke% Duration of Course:	/ Professional Co	ırse: Aca	demic Year: _		
i)	Name of the Technical ikB; de dk uke%	/ Professional Co	ırse:			
i) ii)	Name of the Technical ikB; de dk uke% Duration of Course: "k <b>f</b> {kd 0'k]	/ Professional Con	ırse: Aca i kl			
i) ii)	Name of the Technical ikB; de dk uke% Duration of Course:	/ Professional Con	ırse: Aca i kl	demic Year: _		
i) ii) iii)	Name of the Technical ikB; de dk uke% Duration of Course: "k <b>f</b> {kd 0'k]	s	irse: Aca i kl	demic Year: _ B÷ de dh vof		
i) ii) iii)	Name of the Technical ikB; de dk uke% Duration of Course:  "ks{kd 0'kl Annual Course Fees. R ikB; de dh dsy 0kf'kd  Details of Bank Account Name of the payee (as	s	arse: Aca ikl	demic Year: _ B÷ de dh vof foLrkj%	/k%	
i) ii) iii)	Name of the Technical ikB; de dk uke% Duration of Course: "kf{kd 0'kl Annual Course Fees. RikB; de dh dy okf'kd Details of Bank Account Name of the payee (as a vkond dk uke %cfd [kg]	SSSS	dscad [kkrsdk	demic Year: _ B; de dh vof foLrkj%	/k%	
i) ii) iii)	Name of the Technical ikB; de dk uke% Duration of Course: "kf{kd 0'kl Annual Course Fees. RikB; de dh dy okf'kd Details of Bank Account Name of the payee (as a vkond dk uke %cfd [kg]	S	Aca ikl  dscbl [kkrsdk  nts):  Branch Code:	demic Year: _ B; de dh vof foLrkj%	/k%	
i) ii) iii)	Name of the Technical ikB; de dk uke% Duration of Course: "kf{kd 0'kl Annual Course Fees. R ikB; de dh dy okf'kd  Details of Bank Account Name of the payee (as vkond dk uke %td [k] Bank Name:	S	dscad [kkrsdk  mts):  Branch Code:	demic Year: _ B; de dh vof, foLrkj%	/k% A/c No.: [kkrk u# Pin	
i) ii) iii)	Name of the Technical ikB; de dk uke% Duration of Course: "kf{kd 0'kl Annual Course Fees. R ikB; de dh dy okf'kd  Details of Bank Account Name of the payee (as vkond dk uke %cfd [k Bank Name: Cfd dk uke	sssss	dscad [kkrsdk  mts):  Branch Code:	demic Year: _ B÷ de dh vof foLrkj%	/k% A/c No.: [kkrk u# Pin	
ii) iii) iiii) 111.	Name of the Technical ikB; de dk uke% Duration of Course: "ks{kd 0'kl Annual Course Fees. R ikB; de dh dsy okf'kld  Details of Bank Account Name of the payee (as vkond dk uke %ctd [k Bank Name: ctd dk uke Village/City xkp@"kgj	s	dscad [kkrsdk nts):Branch Code:	demic Year: _ B; de dh vof, foLrkj% _ State _ jkT; %	A/c No.: [kkrk u& Pin fiu dkM%	
ii) iii) iiii)	Name of the Technical ikB; de dk uke% Duration of Course: "kf{kd 0'kl Annual Course Fees. R ikB; de dh dy okf'kd  Details of Bank Account Name of the payee (as vkond dk uke %cfd [k Bank Name: Cfd dk uke Village/City	s	dscad [kkrsdk nts):Branch Code:	demic Year: _ B; de dh vof, foLrkj% _ State _ jkT; %	A/c No.: [kkrk u& Pin fiu dkM%	
i) ii) iii) 11. 1	Name of the Technical ikB; ele dk uke% Duration of Course: "kf{kd 0'kl Annual Course Fees. R ikB; de dh dy okf'kld  Details of Bank Account Name of the payee (as vkond dk uke %cfd [k Bank Name: Cfd dk uke Village/City Xkp@"kgj  Occupation/ Profession of	Professional Country  s	Aca ikl  dsctd [kkrsdk  nts):  Branch Code: kk [kk dkt lkt	demic Year: _ B; de dh vof foLrkj% _ State _ _ jkT; %	A/c No.: _[kkrk u& Pin fiu dk\$//%	
i) ii) iii) 11. 1	Name of the Technical ikB; ele dk uke% Duration of Course:	Professional Country  S	dscad [kkrsdk hts): Branch Code: _ kk [kk dks/M Uks/6	demic Year: _ B; dæ dh vof foLrkj% _ State jkT; %	A/c No.: _[kkrk u& Pin fi u dk\\%	

of the student and enclosed along with the application. In case parent /guardian are employed, income certificate from

13. Wh	ether taken any sc	holarship from any other	r Sources. (If Yes Plea	ase Mention)							
i)	·										
ii)		Institution/ Society:									
				Pin code:							
	Ph.no	F	Email								
4. Dec	laration: ?W\$k.W%										
) ]	hereby declare that the	he information given above	is correct.								
		rh gafd mijkDr n″kkZsfo									
i) ] 	lam not availing any (	other scholarship for this pur fd h vk <b>\$   L</b> Fkk  s Nk=0fr	rpose from any other sou riklr uah di iak aA	irces.							
		ms & conditions for sanction									
E	Ek§I g∨k/kkfjr°Nk=ofi	r; kk; rk dh eatijh dsfy,	fu;e vk¶ "krk&dk ik	yu d#xk@d#xhĀ							
D	ate:										
	ace:										
M	lob:			Signature of the applicant							
i)	Attatch one extra passpo	tion's Student Identity-Card for the size photo with application. It is incopleted unsigned with the Mahasabha/Exedentials.	, d vfrfjDr Okl/ks Oke	eZ ds I kFk HkstA							
	ame:		2. Name:	<del></del>							
De	esignation:		Designation	ı:							
Ad	ddress:		Address:								
	Pin:			Pin:							
Cor	ntact No.:		Contact No	· <del>·</del>							
Dat	e: S	ign:	Date:	Sign:							

## (For Institution/College only)

17. Verification / Information to be f LkR; ki u@I pouk 1/LkaFkku@clkbyst (	furnished by the Head of the Institution/ College: dsiefk }kik itrr fd:k tk.%										
	It is certified that the information filled in the above mentioned columns by										
	Shri/Smt/KumariS/o,D/o,W/o Shri										
	who is admitted incourse for the academic session										
	incollege is correct. He/She/is a hostler/day scholar of the college. e%iekf.kr djrk gnfd Jh@Jherh@dekjhi#@ i#h Jh										
	tksdkkk = tksdkk + t										
dk <b>ll</b> yst	eatek djk; k gSog I gh gA										
For renewal of scholarship: Nk=0	ifr dsuohdj.k dsfy,%										
It is certified that the above mentioned (year) and has attained	d student has passed theexamination for of marks.										
	ikfjrea∨td										
Date: Place:	Signature of Head of the Institution/College (With official seal & Mob. No.)										
	Iki jokj vk; ch ?kkk.kk  Iother/Guardian) of(Student Name)										
who is studying in	hereby declare that my annual income from all sources is										
Rs(in words)	if at any stage,										
it is found that the Information given b	y me is false /not true, all benefits given to the student under the scheme										
of "Merit cum means based scholarshi	p to the student belonging to minority communities" could be withdrawn										
and legal action as deemed fit, may be	taken against me or my ward.										
Ek <b>3</b>	-Yekrk@fi rk@∨fHkokod½										
¼ Nk=@Nk=k dk uke ½ tks∨/;;u	eagSes?kksk.kk djrk@djrh gW										
3											
	g\$fd ejs }kjk nh xb1 tkudkjh >Bh@l p ugh g\$ rks   Hkh ykHk										
- ,	lg vYila[; d dk vFkZlenpk; kads Nk=@Nk=k dsfy, vk/kkfjr ykQ dk; bkgh@dkunuh dk; bkgh dj ldrsg&										
Date:											
Residential Address:											
	Signature										
Contact No	(Father/ Mother/Guardian)										